

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

APPLICATION FOR IDAHO PHYSICAL THERAPY LICENSE

INSTRUCTIONS: Please complete this form by providing all of the requested information, fees, and signatures. All signatures must be notarized. Submit the complete application to the address above.

An initial licensure fee of \$115.00, along with an administrative fee of \$40.00 must be submitted with this application.

I hereby submit my qualifications and make application for a Physical Therapist license in the State of Idaho under the provisions of Title 54, Chapter 22, Idaho Code, and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing address _____
(The above address is not public record) Street City State Zip

4. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
 month day year
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. Home phone (____) _____ **Business phone** (____) _____ **E-mail** _____

6. I am a graduate of _____ **Physical Therapy educational institution.**
(Official transcripts must be received by this office directly from the institution registrar before your application will be processed)

7. Is the institution a nationally accredited school of Physical Therapy? ☐ Yes ☐ No
(If Yes, documentation of this fact must be verified. If No, additional documentation may be requested.)

8. Have you passed the National Physical Therapy Examination? ☐ Yes ☐ No
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

9. Are you currently or have you ever been licensed in any states? ☐ Yes ☐ No
(If Yes, we must receive certification of licensure directly from the issuing authority before your application will be processed.)
Note; please list all states you have been licensed in below.

10. Have you ever had a license or registration revoked, suspended, or otherwise sanctioned? ☐ Yes ☐ No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

11. Have you ever been convicted, found guilty, received a withheld judgment or suspended sentence of a felony or crime, other than minor traffic offenses, in this or any other state? ☐ Yes ☐ No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

12. Do you now, or have you ever had a serious physical or mental illness? ☐ Yes ☐ No
(If yes, a detailed statement, medical records, and any other relevant information must be received before your application will be processed.)

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(continued)

13. Please attach the name and current address of two persons willing to provide a reference to your moral character.
(This office will contact the person you list. We must receive a response before your application will be processed.)

NAME

NAME

MAILING ADDRESS

MAILING ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

14. Attach a passport photograph of yourself taken within the last 12 months.

HEIGHT _____ WEIGHT _____

ATTACH

EYE COLOR _____ HAIR COLOR _____

PHOTOGRAPH

OTHER DISTINGUISHING FEATURES _____

HERE

15. Please attach a copy of your Physical Therapy college diploma.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules and the adopted Code of Ethics governing the practice of Physical Therapy in Idaho.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature

my commission expires _____

NOTE: IT IS UNLAWFUL FOR ANY PERSON TO PRACTICE PHYSICAL THERAPY, OR ADVERTISE AS A PHYSICAL THERAPIST, OR USE ANY WORD OR TITLE OR ABBREVIATION TO INDICATE PHYSICAL

THERAPY LICENSURE OR PRACTICE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE. ANY VIOLATION MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (see §54-2223)